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Ohio Peace Officer Training Commission Office 800-346-7682 Fax 740-845-2675

P.O. Box 309 London, OH 43140 www.OhioAttorneyGeneral.gov

## NOTICE OF PEACE OFFICER APPOINTMENT

- Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
- 2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
- 3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
- Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
   Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.
- OFFICER INFORMATION 3. Previous Name(s) or Alias (Last) Birth date (mm/dd/yyyy) 08/23/1966 (Only complete if this is the fficer's first appointment or OSP 9. Agency Name AGENCY INFORMATION Amsterdam Village Police 10. Agency Email Address 11. Agency Phone Number AmsterdamPD24@Yahoo.Com 740-543-3797 12. Agency Mailing Address (#/Street/PO Box) (Zin Code) (City) (County Name) 103 Springfield St. PO Box 115 Amsterdam 43903 Oh 14. Status Change Date New Appointment Date APPOINTMENT INFORMATION (Complete Date, Status and ORC) 6 1281 2016 **Full-Time** ✓ Special 15. Select New Status Part-Time Auxiliary Seasonal 16. Select New ORC City Full-Time/Part-Time (737.02) City Auxiliary/Reserve/Special (737.051) City Chief (737.02) ✓ Village Full-Time/Part-Time/Special (737.16) Village Auxiliary/Reserve (737.161) Village Chief (737.15) Township Police Officer (505.49) Township Constable (509.01) Other Chief - List ORC/Charter Other - List ORC/Charter Deputy Sheriff (311.04) Sheriff (311.01) I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true ATTESTATION OF REPORTING AUTHORITY and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation. David F. Cimperman Jr. Chief of Police 21. Printed Name (First, Middle, Last)

This form may be emailed to: SF400@ohioattorneygeneral.gov

Jack J. Justus

Officer Name (Last)	(First)		(Middle)	Social	Security Number
23. OATH OF OFFICE	ierry				
I do solemnly swear or affirm that I will support the Constitution and La Laws of the State of Ohio, and Laws and Ordinances of the political stability will discharge the duties ability will discharge the duties and Constitution and Laws and Ordinances of the political stability will discharge the duties and Appoint the Constitution and Laws and Ordinances of the political stability will discharge the duties and Constitution and Laws and Ordinances of the political stability will discharge the duties and Constitution and Laws and Ordinances of the political stability will discharge the duties and Constitution and Laws and Ordinances of the political stability will discharge the duties and Constitution and Laws and Ordinances of the political stability will discharge the duties and Constitution and Laws and Ordinances of the political stability will discharge the duties and Constitution and Laws and Ordinances of the political stability will discharge the duties and Constitution		the political sub large the duties	bdivision to which I am appointed and to the best of my		
Please list all prior appoint	OHIO PEACE OFF ments. Use additional		TMENT HISTORY as needed, to list the entire	appointment	history.
24. Appointed By (Agency Name and County): EAST CLEVELAND PO	LICE DEPT.		25. From(mm/dd/yyyy): 12 129 1997		To(mm/dd/yyyy): 9 128 120(5
26. Appointment Status (Check Appropriate Bo	Auxillary	Reserve	Special	Seasonal	
27. Appointed By (Agency Name and County): LIEVELAND METROPOL	TAN DCHOOL	DISTRICT	28. From(mm/dd/yyyy): 9 /28 /2015		To(mm/dd/yyyy);
29. Appointment Status (Check Appropriate Bo	ox) Auxiliary	Reserve	Special	_ Seasonal	
30. Appointed By (Agency Name and County):			31. From(mm/dd/yyyy):		To(mm/dd/yyyy):
32. Appointment Status (Check Appropriate Bo	ox) Auxillary	Reserve	Special	_ Seasonal	
3. Appointed By (Agency Name and County):			34. From(mm/dd/yyyy):		To(mm/dd/yyyy):
35. Appointment Status (Check Appropriate Bo	Auxiliary	Reserve	Special	_ Seasonal	
6. Appointed By (Agency Name and County):			37. From(mm/dd/yyyy):		To(mm/dd/yyyy):
8. Appointment Status (Check Appropriate Bo	x)Auxiliary	Reserve	Special	Seasonal	
9. Appointed By (Agency Name and County):	TE TO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE		40. From(mm/dd/yyyy):		To(mm/dd/yyyy):
Appointment Status (Check Appropriate Bo Full-Time Part-Time		Reserve	e Special _	Seasona	al
F400adm This fo age 2 of 2 ffective 07/01/2015	rm may be emailed to:	SF400@ohioatto	rneygeneral.gov		